

## **Eligibility Form and Application for Advanced Benefits from The September 11<sup>th</sup> Victim Compensation Fund of 2001**

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- Please read all instructions carefully before completing this form.
- All claimants **MUST** complete and submit this “Eligibility Form and Application for Advance Benefits”
- Victim’s Social Security Number (SSN) or National Identification Number (Nat’l ID #) must appear in the boxes allotted on **EVERY PAGE** of the form.
- See the instructions for documents you must provide with this form.
- If you are eligible for Advance Benefits, you must complete Section IV of this form. If you are not eligible for Advance Benefits (or if you do not wish to apply for advance benefits), you should skip Section IV but you must still submit this form.
- All claimants **MUST** date and sign the form in all required places, in ink.
- Keep a copy of your submission for future reference.

### **SUBMITTING A CLAIM**

Mail your form with an original signature  
and attached documentation to:

Victim Compensation Fund  
P.O. Box 18698  
Washington, D.C. 20036-8698

Overnight deliveries should be sent to:

Victim Compensation Fund  
1120 G Street, N.W.  
Suite 300  
Washington, D.C. 20005  
(202) 628-1764

Faxes should be sent to: 301-987-8600

If you submit your claim by fax, you **MUST** also mail the original form and documents. Processing can begin with receipt of the fax submission but your claim cannot be fully processed without original signatures.

### **HELPLINE**

If you have any questions, assistance is available Monday through Friday from 8am to 8pm ET and on Saturday from 9am to 2pm ET:

888-714-3385 (toll free in the US) or  
202-305-1352  
TDD # 888-560-0844



## Section II - If Victim Is Living

**Enter Victim's SSN / Nat'l ID #**

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**Complete this section only if the Victim is living.**

**If the Victim is deceased, skip this section and go to Section III.**

1. Please briefly describe the nature of the Victim's physical injuries and attach a copy of all supporting medical records.

[illegible]

A. Was the Victim treated by a medical professional within 24 hours of being injured or rescued?

Yes ☐ No ☐

B. Did the Victim's injury require inpatient hospitalization for at least 24 hours?

Yes ☐ No ☐

If yes,  
how many days?

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C. Did the Victim's physical injury cause, either permanently or temporarily, partial or total disability, incapacity or disfigurement?

Yes ☐ No ☐

## 2. Victim's Phone Number

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**3. If someone other than the injured Victim (such as the guardian of a minor) is acting as a Representative and submitting this claim, please complete the following:**

3a. Representative's  
SSN/Nat'l ID #





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3b. Representative's Last Name

[illegible]

3c. Representative's First Name

[illegible]

3d. Representative's Middle Name

[illegible]

3e. Representative's Permanent Address (Street)

Apartment Number

[illegible]

3f. City

[illegible]

### 3g. State

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3h. Zip Code

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3i. Country (if not U. S.)

[illegible]

3j. Representative's Country of Citizenship

[illegible]

3k. Representative's Phone Number

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### 3l. Relationship to Victim

[illegible]



## Section IV - Advance Benefits

Enter Victim's SSN / Nat'l ID #

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1. If you are the Personal Representative of a deceased Victim or a Victim whose physical injury required hospitalization for one week or more, do you wish to apply for an advance benefit to alleviate hardship faced by the claimant or the beneficiaries of the deceased victim? ☐ Yes ☐ No

**If yes, continue with this Section. If no, please skip the remaining portion of this Section and go to Section V.**

### 2. Acknowledgement of Waiver of Rights

**I hereby acknowledge that by submission of a substantially complete Eligibility Form I am waiving the right to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001.**

Please note that this Waiver of Rights could apply to the rights of individuals other than the claimant. This waiver does not apply to a civil action to recover collateral source obligations.

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Signature of Victim or Representative

Date (month-day-year)

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### 3. Certification of Eligibility For Advance Benefits:

**I hereby certify that I need the Advance Benefit because of financial hardship and: (check one)**

- ☐ I am a Personal Representative of a deceased victim who had a spouse or dependent(s) and have not yet received \$450,000 from other sources, such as government programs or employer-provided benefits (but not charities).
- ☐ I am a Personal Representative of a deceased victim who was single and had no dependents and have not yet received \$250,000 from other sources, such as government programs or employer-provided benefits (but not charities).
- ☐ I am a physically injured Victim or the Representative of a physically injured Victim and have not yet received in excess of the Victim's lost wages plus out-of-pocket medical expenses from other sources, such as government programs or employer-provided benefits (but not charities).

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Signature of Victim or Representative

Date (month-day-year)

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### 4. Personal Representative Certification of Consent from Spouse or Dependents.

**Complete this Section only if you are (i) the Personal Representative filing a claim on behalf of a deceased Victim and (ii) not the spouse of the decedent.**

Have you obtained the consent of the spouse of the decedent or, if there is no surviving spouse, of all of the dependents of the decedent to file for Advance Benefits?

Yes ☐ No ☐

Consent(s) attached? Yes ☐ No ☐

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Signature of Personal Representative

Date (month-day-year)

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## Section VI - Signatures

**Enter Victim's SSN / Nat'l ID #**

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### Privacy Act Notice:

The Department of Justice is authorized to collect this information by the September 11th Victim Compensation Fund of 2001, Title IV of Public Law 107-42, 115 Stat. 230 ("Air Transportation Safety and System Stabilization Act").

The information you submit in your claim is for official use by the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive under your claim to the Compensation Fund. Provision of this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your claim. Information you submit regarding your claim may be disclosed by the Government only in accordance with the Privacy Act.

## 1. Authorization for Release of Information

**Carefully read this authorization to release information, then sign and date it in ink.**

**I Authorize** the U.S. Department of Justice to obtain any information relating to my claim under the September 11th Victim Compensation Fund of 2001 (Compensation Fund) from individuals, employers, hospitals, medical service providers, or other sources having information relating to my claim. This information may include, but is not limited to, medical, employment, and financial information about me or the deceased individual whom I represent.

**I Further Authorize** the U.S. Department of Justice to disclose any records or information relating to my Compensation Fund claim, to the extent necessary for its review, verification, and adjudication, to: agency contractors assisting in the administration of the Compensation Fund; other federal, state, or local agencies, including the Department of the Treasury; and other individuals or entities having information related to the claim, such as physicians, medical service providers, insurers, and employers.

**I Further Authorize** the U.S. Department of Justice to publish the name of the claimant who has filed this Eligibility Form and the name of the victim for whom compensation is sought.

**I Further Authorize** the release of information relating to my claim, where such information indicates a violation or potential violation of law, including submission of fraudulent claims, to any civil or criminal law enforcement authority or other appropriate agency charged with responsibility of investigating or prosecuting such a violation.

**I Further Authorize** individuals having information pertinent to my claim to release such information to a duly accredited representative of the Department of Justice during the review of my claim to the Compensation Fund, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon my written termination whichever is sooner.

**I Certify** that I am the person named below (claimant to the Compensation Fund) and I authorize the release of information listed above.

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Signature of Victim or Representative

Date (month-day-year)

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Signatory's Name (Last name, First name)

[illegible]

## 2. Certification of Dismissal from any Action

Have you or any dependent, spouse, or beneficiary of the Victim filed a civil action (or been a party to an action) in any Federal or State court relating to or arising out of damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001 (other than civil actions to recover collateral source obligations)? ☐ Yes ☐ No

Yes ☐ No ☐

If yes, have you or such person or entity dismissed such action(s)?      Yes ☐      No ☐

Yes ☐ No ☐

Date (month-day-year)

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If yes, please attach proof of dismissal and provide the date of dismissal.

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Signature of Victim or Representative

Date (month-day-year)

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## Section VI - Signatures cont'd

**Enter Victim's SSN / Nat'l ID #**

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### 3. Personal Representative Certification

Complete this Section only if you are the Personal Representative filing a claim on behalf of a deceased Victim.

**I hereby agree** to distribute any award in a manner consistent with the law of the decedent's domicile or any applicable ruling by a court of competent jurisdiction or as directed by the Special Master.

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Signature of Personal Representative

Date (month-day-year)

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Any Personal Representative submitting a claim must, *before* filing this Form, provide written notice of the claim to the immediate family of the decedent (including, but not limited to, the decedent's spouse, former spouses, children, other dependents, and parents), to the executor, administrator, and beneficiaries of the decedent's will and life insurance policies, and to any other persons who may reasonably be expected to assert an interest in an award or to have a cause of action to recover damages relating to the wrongful death of the decedent.

The written notice must be in the form of a copy of Exhibit A to this Eligibility Form completed for each individual or entity to whom you are providing such notice. Personal delivery or transmission by certified mail, return receipt requested, of such notice shall be deemed sufficient.

Please attach to this Eligibility Form the list of each individual or entity to whom you have provided notice and their relationship to the Victim, together with a statement of the manner of the delivery of such notice, and complete the following:

**I hereby certify** that I have provided the required notice as described above to all listed on the attached sheet, by personal delivery or certified mail, return receipt requested, and that I am not aware of anyone else to whom such notice should be provided.

\_\_\_\_\_

Signature of Personal Representative

Date (month-day-year)

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#### 4. Certification:

**I certify** that the information provided in this application is true and accurate to the best of my knowledge. **Further, I understand** that false statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government.

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Signature of Victim or Representative

Date (month-day-year)

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**5. Attorney Representative (if applicable):**

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Signature of Attorney (if applicable)

Name of Attorney (last, first)

[illegible]

Name and Address of Firm

[illegible][illegible]



Exhibit A to Eligibility Form and Application for Advance Benefits  
from the September 11<sup>th</sup> Victim Compensation Fund

*Instructions To Victim's Personal Representative:*

- Fill out a separate copy of this page for each person to whom you are required to provide Notice of Filing.
- On each copy, fill out the Name and Address of the person to whom you are providing the Notice and insert the name of the Victim or your name in the spaces provided below as indicated.
- Check the box at the bottom of this page if you are applying for an Advance Benefit.
- Deliver each Notice to the recipient by personal delivery or by certified mail, return receipt requested.

**SEPTEMBER 11<sup>th</sup> VICTIM COMPENSATION FUND OF 2001**  
**NOTICE OF FILING OF CLAIM**

TO: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You are receiving this notice to inform you that a claim on behalf of \_\_\_\_\_ (insert name of victim) is being filed with the September 11th Victim Compensation Fund of 2001. The claim is being filed by \_\_\_\_\_ (insert name of Personal Representative).

The rules that govern the Victim Compensation Fund state that only one claim may be filed in connection with the death of a victim, and that the claim shall be filed by the Victim's Personal Representative. The rules also state that any award from the Victim Compensation Fund shall be paid to the Personal Representative, and that the Personal Representative is required to distribute the award among the victim's beneficiaries in accordance with the law of the victim's domicile.

You have been notified that a claim is being filed on behalf of \_\_\_\_\_ (insert name of victim) because the Personal Representative is required to give this notice to the victim's immediate family, to the executor, administrator and beneficiaries of the victim's will, and to other people who might reasonably have an interest in any award that may be made from the Victim Compensation Fund.

The rules that govern the filing of claims with the Victim Compensation Fund require that the Personal Representative waive any right to file a lawsuit for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001. This waiver could affect the rights of others, including you, to file any such lawsuit.

You are not required to take any action in response to this notice. However, any objection to the filing of the claim must be made within 30 days after the claim has been filed, which could be as soon as 30 days from the date this notice was mailed or otherwise provided to you. If the box at the bottom of this page has been checked, the Personal Representative is seeking an Advance Benefit from the Victim Compensation Fund, which could be paid 15 days after the claim has been filed and in some cases sooner. Therefore, if the Personal Representative has applied for an Advance Benefit, any objection should be made as promptly as possible.

If you want to learn more about the Victim Compensation Fund, please call 888-714-3385 (TDD: 888-560-0844; outside the U.S.: 202-305-1352). Information can also be obtained over the Internet at [www.usdoj.gov/victimcompensation](http://www.usdoj.gov/victimcompensation).

[    ]    Personal Representative: check the box to the left if you are applying for an Advance Benefit.